<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03/03/2010	Address:	246 N 500E LOT 148
Case #:	25F-16932		MARION, IN
County:	GRANT		<u>46952</u>
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:TRASH CAN
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: <u>RESIDENCE</u>			
Water Reactive Metal (Lithium): <u>TRASH CAN</u>			
Anhydr	ous Ammonia:	÷	
Hydrochloric Acid Gas Generator(s): TRASH CAN			
Corrosive Acid: RESIDENCE			
Corrosive Base: <u>RESIDENCE</u>			
Other (i	tem and location):		
Yes _ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	☐ Ephedrin ☐ Retail/M	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip ALL OUT
This repor	t is to be faxed to the following agen	icies that serve the l	ocation:
Fire Depart	ment: MARION FD	Fax: <u>765-6</u>	
Health Department: GRANT COUNTY		Fax: <u>765-6</u> Fax:	
Child Prote	ection Service:		-
	information regarding this methamph		ontact

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.